



DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
2000 NAVY PENTAGON
WASHINGTON, DC 20350-2000

OPNAVINST 1754.2B
PERS-662
16 June 2003

OPNAV INSTRUCTION 1754.2B

From: Chief of Naval Operations
To: All Ships and Stations (Less Marine Corps field addressees not having Navy personnel attached)

Subj: EXCEPTIONAL FAMILY MEMBER (EFM) PROGRAM

Ref: (a) P.L. 94-142, "Education for All Handicapped Children Act of 1975", as amended (20 U.S.C. Ss 1401 et seq. (1976 and 11 Sep 1978))
(b) P.L. 95-561, Defense Dependents' Education Act
(c) P.L. 102-119, Individuals with Disabilities Education Act Amendments
(d) DODI 1342.12 of 12 Mar 96 (NOTAL)
(e) DODI 1010.13 of 28 Aug 86 (NOTAL)
(f) DOD 1010.13-R of Mar 92 (NOTAL)
(g) SECNAVINST 1754.5A
(h) Chapter 4, NAVPERS 15559B (Officer Transfer Manual) and NAVPERS 15909G (Enlisted Transfer Manual)
(i) NAVMEDCOMINST 1300.2
(j) OPNAVINST 1300.14C

Encl: (1) Definitions
(2) Exceptional Family Member (EFM) Enrollment Procedures
(3) DD 2792, Exceptional Family Member Medical and Educational Summary

1. Purpose. To implement the provisions of references (a) through (h), and issue Navy policy and guidance for identifying sponsors who have an Exceptional Family Member (EFM) with special medical, psychological, or special educational needs. EFM Program enrollment enables detailers to consider such needs during the assignment process and to pinpoint assignments to locations where necessary resources are available. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. OPNAVINST 1754.2A.

3. Background. References (a) through (c) mandate the provision of early intervention, special education and related services to children whose development or education are adversely impacted by one or more disabling conditions. References (d) and (e) provide policy and guidance on implementing references (a) through (c) within Department of Defense (DOD), while reference (f) establishes policy and guidance for overseas assignment coordination of sponsors who have children with developmental or special educational requirements. Department of the Navy (DON) EFM Program was established in September 1987 to comply with references (a) through (f), which collectively mandate that eligible preschool and school age children with disabilities be provided a free and appropriate education overseas in the Department of Defense Dependent Schools (DODDS). Concomitantly, it is the policy of DON to ensure that Navy families with exceptional members are assigned only to those areas where their EFM's specialized medical and educational needs can be met. The EFM program has evolved to include the identification of all EFMs with special needs. Some Navy members have been reluctant to enroll their EFM, resulting in unnecessary family hardship and turbulent personnel practices, such as early reassignment of the sponsor due to inadequate educational/medical support. The provisions of this instruction are intended to support and facilitate the traditional philosophy of the Navy caring for its own and to comply with directives of higher authority.

4. Policy

a. Goal. The primary goal of the EFM program is to identify the special needs of family members in order to assist servicemembers in addressing the special needs during change of duty assignments. Enrollment in the program is mandatory. All family members identified with medical, psychological, or special educational requirements of a chronic nature (6 months or longer) will be promptly enrolled when the condition is identified.

b. Identification. The EFM program, along with suitability screening, confirms the availability of medical, psychological, or special educational needs at overseas locations and the availability of medical services, psychological, or special educational services at isolated Continental United States (CONUS) locations; identifies sponsors requiring assignment to CONUS facilities adjacent to major medical facilities; and

identifies those sponsors eligible for homesteading. The requirements of this program are in addition to those contained in references (i) and (j).

c. Enrollment. EFM sponsor enrollment is recommended by Bureau of Medicine and Surgery (BUMED), Central Screening Committees (CSC) (defined in enclosure (1), and approved by Navy Personnel Command (NAVPERSCOM) (PERS-662F). Once the condition is documented, the service member will submit application forms and substantiating documentation according to the procedures stated in enclosure (2).

d. Assignments. During the assignment of sponsors with EFM, detailers will carefully consider all factors before assignment to overseas/remote duty locations, to include the location and timing of assignments. Maximum consideration will be given to co-locating sponsors with their families consistent with EFM enrollment categories.

(1) EFM sponsors electing to serve an accompanied tour overseas will be assigned only to areas where the required services for the EFM are available. All orders will be coordinated with NAVPERSCOM, EFM Program Manager (PERS-662F) prior to release.

(2) All family members will undergo suitability screening as outlined in references (h), (i), and (j).

(3) For EFM with early intervention or special education requirements, Navy will assign EFM sponsors within the Navy's geographic areas of responsibility for the provision of early intervention and medically-related services. Navy is responsible for Iceland, Italy (Naples, Gaeta, La Maddalena, and Sigonella), Spain, Portugal (except the Azores), mainland Japan and Okinawa, Guam, Bahrain, Caribbean region (including Cuba and Puerto Rico), Greenland, Diego Garcia, Australia, New Zealand, West Pacific, and the embassies in these locations. Navy family members with developmental or special education requirements will not be sent to another Military Service's geographic area of responsibility without prior approval from that Service.

(4) Per reference (f), a sponsor may be denied command-sponsored travel of family members to an overseas location when the gaining medical treatment facility (MTF) determines general

medical services required by any family member, including EFMs, are not available.

(5) To maintain a Sailor's obligation to remain world-wide assignable, EFM sponsors shall be required to serve unaccompanied tours as necessary to fulfill sea/shore obligations of rate/rating. EFM sponsors may elect to serve unaccompanied tours to areas where EFMs are not authorized. When a sponsor elects to serve an unaccompanied tour the transferring commanding officer (CO) must review the decision with the sponsor to ensure the separation will not create an undue hardship on the family resulting in an early return of the sponsor. EFM sponsors electing to serve an unaccompanied tour will not be eligible for command sponsorship of their dependents at a later date.

(6) EFM sponsors may be assigned to involuntary unaccompanied tours for Needs of the Navy provided those assignments are approved at NAVPERSCOM (PERS-4) flag level.

(7) Requests for early return of sponsors and their families must be initiated if medical needs exceed the capability of medical services readily available at the overseas/isolated duty assignment. Determination will be made by the local medical officer. The family member will be promptly enrolled in the EFM program at that time. In some cases, the sponsor may have to complete the tour unaccompanied (see reference (h)).

5. Responsibilities

a. Deputy Chief of Naval Operations (Manpower and Personnel) (N1)) shall

(1) establish program policy.

(2) implement the program.

(3) monitor and assess program effectiveness with regard to Navy families and mission impact, if any.

b. Assistant Commander, Navy Personnel Command (ACNPC), Fleet Support (PERS-6) will administer the program and shall

(1) prescribe EFM program enrollment procedures.

(2) coordinate detailing procedures, including those for severely disabled EFMs.

(3) prescribe procedures for expeditious screening and forwarding of all EFM forms from the sponsor or MTF via the CSC to NAVPERSCOM (PERS-662F).

(4) establish and maintain a database of all enrolled sponsors having EFMs.

(5) establish and maintain a current EFM resource database to include medical, educational, and support agencies, facilities, and services in key fleet concentration areas.

(6) prescribe procedures for disenrollment of any EFM who has sufficiently recovered from the impairment that required specialized medical care or educational services.

(7) develop and periodically conduct training and information campaigns to inform command personnel (e.g., COs, Command Master Chiefs (CMCs), MTFs and Fleet and Family Service Center (FFSC) staffs about the program.

(8) assist with relocation assistance for families by providing EFM Resource Database access to sponsors/MTFs.

c. Director, Office of Civilian Human Resources (OCHR) shall

(1) establish and maintain an EFM program for DON civilian employees.

(2) ensure that children of civilian selectees for an overseas position are screened for disabilities as prescribed by reference (f).

(3) coordinate with DODDS, NAVPERSCOM (PERS-662F), and the military medical department having responsibility for the overseas assignment area under consideration to ensure the availability of required services.

d. BUMED shall

(1) maintain two or more CSC composed of multi-disciplinary specialties at major fleet concentration

sites. CSC will provide developmental pediatric training to health care providers; assist in the identification and evaluation of EFMs at the designated CSC sites; provide screening functions and recommendations to NAVPERSCOM (PERS-662F) regarding EFM enrollment; and assist Navy families in the care of their EFMs.

(2) develop policy for health care providers and patient administrators to identify and enroll eligible family members.

(3) identify an EFM coordinator at each Navy MTF who will

(a) assist staff and sponsors in the application process.

(b) provide necessary forms.

(c) coordinate with other EFM coordinators and overseas screening offices.

(d) provide training, as necessary, to all area commands on the EFM program.

(e) provide liaison with DODDs and the cognizant military service having responsibility for medically related services to ensure required services are available when serving at an overseas MTF.

(f) develop and maintain the portions of the EFM resource database that reflect local area medical/education resources.

(4) develop and implement quality assurance of CSC procedures.

(5) coordinate with NAVPERSCOM (PERS-662F) as necessary.

e. Commanders, COs, and Officers in Charge (OICs) shall

(1) disseminate the requirement for mandatory enrollment of EFMs. This should include command EFM surveys, marketing through the Plan of the Day (POD), and annual command General Military Training (GMT) sessions.

(2) ensure confidentiality is maintained by command regarding an EFM's medical, psychological, or special educational information.

(3) establish a command point of contact through either the CMC/Command Senior Enlisted Advisor (SEA) or Command Career Counselor (CCC). Command representatives shall maintain liaison with the local MTF EFM program coordinator to assist in the enrollment process.

(4) ensure command support personnel, such as Chaplains, CCCs, FFSCs, Child Development Centers (CDCs), and Ombudsmen, are aware of program goals and eligibility requirements and provide accurate counseling and dissemination of program guidance to eligible applicants. Special emphasis should be placed on the member's obligation to maintain world-wide assignability and, that in order to meet the needs of the Navy, they may be required to serve unaccompanied tours.

(a) FFSCs/CDCs/Ombudsmen can assist EFM families by providing information and referral, and coordinating with the local EFM coordinator at the MTF.

(b) command support personnel shall provide resource information to the EFM coordinator at the MTF for inclusion in the EFM resource database.

(5) ensure servicemembers are aware of the identity of the local MTF EFM program coordinator to facilitate enrollment procedures.

(6) conduct an annual command survey to identify family members who should be enrolled in the EFM Program.

f. CO's of Personnel Support Activities (PSAs) shall

(1) ensure Personnel Support Detachment (PSD) personnel know the program purpose and enrollment procedures (enclosure (2)), and the local MTF EFM coordinator.

(2) ensure DD 2792 (enclosure (3)) is readily available for personnel seeking program enrollment information.

g. Every Navy sponsor shall

(1) ensure the EFM program enrollment form (DD Form 2792) is submitted to NAVPERSCOM (PERS-662F) via the CSC for any family member who has been evaluated or treated by a healthcare provider and found to have a chronic (chronic implies 6 months or longer) medical, psychological or special educational need, treatment or therapy, or who is entitled to early intervention/special education services per references (a) through (c).

(2) ensure medical information in the EFM's health record(s) is current, regardless of whether obtained from military/civilian health care providers, medical facilities/hospitals, or early intervention/educational personnel. Current information enables accurate completion of the EFM enrollment form.

(3) provide NAVPERSCOM (PERS-662F), (through the CO), an update package of health information/records when a family member, previously enrolled as an EFM, has sufficiently recovered from the impairment so that specialized medical care/special education services are no longer required. Legal documents should be provided to NAVPERSCOM (PERS-662F) if the status of the EFM changes through legal separation, divorce, or court-ordered change in custody.

(4) ensure that a renewed or updated application for the EFM program is submitted when the family member's condition changes or upon completion of diagnostic evaluations. The normal update process is every 3 years, or 9 months prior to receiving orders, or with a change of status of a special needs family member. For those conditions that may warrant temporary categorization in the EFM program (as determined by the CSC), updated applications will be submitted as required to NAVPERSCOM (PERS-662F) through the CSC; usually at 6 months to 1 year.

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6. Procedures. Application procedures governing the EFM Program are delineated in enclosure (2). Samples of the application form are provided as enclosure (3).

7. Forms. DD 2792 (Mar 2000), Exceptional Family Member Medical and Educational Summary is available in the Naval Inventory Control point using requisitioning procedures contained in CD-ROM NAVSUP PUB 600(NLL), Navy Stock List of Publications and Forms. The form may also be downloaded at <http://web1.whs.osd.mil/forms/DD2792.pdf>.

//s//
G. L. HOEWING
Vice Admiral, U.S. Navy
Deputy Chief of Naval Operations
(Manpower & Personnel)

Distribution:
SNDL Parts 1 and 2

DEFINITIONS

1. Central Screening Committee (CSC). A committee established by BUMED and consisting of health care providers that reviews all completed EFM applications and recommends disposition to NAVPERSCOM (PERS-662F).
2. Early Intervention Services. Services for which an infant or toddler (birth through age 2) is entitled under statute that are designed to address developmental delays. Early intervention services are defined in an Individualized Family Service Plan (IFSP).
3. Exceptional Family Member (EFM). An authorized (DEERS eligible) family member (spouse, child, stepchild, adopted child, or dependent parent) residing with the sponsor, who possesses a physical, emotional, developmental or educational disability or condition requiring special medical, psychological or educational services.
4. EFM Coordinator. A designated individual at a MTF who provides information, assistance and forms to MTF staff, local commands, sponsors, and other family members with regard to enrollment procedures, program benefits and available local services and facilities.
5. EFM Command Point of Contact. A designated individual at each command who has general knowledge of the EFM program and can provide guidance for obtaining further assistance (usually the CMC, CCC, or SEA).
6. Geographic Area. A specific geographic location chosen for a sponsor's assignment where the required medical and educational staff for the sponsor's EFM is available.
7. Geographic Areas of Responsibility. The areas of responsibility assigned by the Department of Defense (DOD) to the Military Services for the provision of early intervention and medically related services in support of Department of Defense Dependents Schools (DODDS) special education programs.
8. Homestead Assignment. A detailing policy that permits a sponsor whose family member is identified by the CSC as severely disabled the opportunity to remain in a particular geographic

location. Homestead sites will be selected based on their ability to provide requisite services and appropriate sea/shore rotation. Homestead sites include: Norfolk, VA; Mayport/Jacksonville, FL; San Diego, CA; Bangor/Bremerton/Puget Sound/Seattle, WA; and Washington D.C Capitol beltway area. Gulfport, MS and Port Hueneme, CA are included for Seabees and Training and Administration of the Reserves (TAR's).

9. Major Medical Area. Any area served by medical departments of the armed services or civilian MTFs which have physicians capable of treating/monitoring family members who have impairments or chronic/severe medical conditions.

10. Medically Related Services. Allied healthcare services provided in support of the special education needs of preschool or school-age children to include evaluation services required to determine a student's eligibility for special education and, if eligible, the direct or indirect services designed to help the student benefit from their special education program.

11. Remote Duty Assignment. Designated locations within the 50 United States that do not have timely access to health care services. Timely access is defined as two hours drive under most conditions to access specialty care.

12. Suitability Screening. The process and procedures used to determine the suitability of service and family members for an overseas, remote duty, or operational assignment. Suitability screening includes a command review conducted by the transferring command and medical, dental, and educational screening conducted by a Navy MTF. The MTF conducting suitability screening ensures any special need identified can be met at the member's next duty station via official message. The overseas MTF coordinates with DODDS and Educational Developmental Intervention Services (EDIS) to ensure early intervention, special education/medically related services are available. Based on the results of screening, the gaining MTF makes a suitability recommendation to the CO of the transferring command via official message per reference (h).

a. If orders have been issued after confirmation of EFM enrollment, overseas/isolated screening will be accomplished per reference (f).

b. If overseas screening uncovers the need for enrollment of a family member in the EFM Program, overseas/isolated screening must continue in addition to the EFM Program application process. The suitability screening process should not be held up awaiting the EFM category.

13. Severely Disabled. A family member who has an impairment or medical condition that is expected to exist over a long time-period and requires medical specialists, frequent hospitalization, intensive nursing care, pharmacy or laboratory support; or who requires frequent health care services not available at most naval branch medical clinics. Some examples of these conditions include: multiple disabilities, seriously emotionally disturbed, severe birth defects, and conditions requiring placement in residential care facilities.

14. Special Education. Instruction and related services for which a preschool or school age student (age 3 to 21 inclusive) is entitled under statute when a school determines a child's educational performance is adversely affected by one or more disabling conditions. The instruction and related services are defined in an Individualized Education Plan (IEP).

EXCEPTIONAL FAMILY MEMBER (EFM) ENROLLMENT PROCEDURES

1. Sponsors shall enroll their EFM using DD 2792, Exceptional Family Member Medical and Educational Summary, (enclosure (3)), available through their PSA/D, EFM coordinator at the local MTF or command point of contact. It can also be downloaded from website <http://web1.whs.osd.mil/forms/dd2792.pdf>.

a. If a sponsor is not stationed within an area serviced by a military MTF, a civilian provider may complete the form. The sponsor may take the form to the nearest MTF or clinic or forward the EFM application directly to the appropriate CSC listed in paragraph 2.

b. If the sponsor is stationed within an area serviced by a MTF, the EFM coordinator at the MTF will forward the form and accompanying documents, after reviewing them for consistency and completeness, to the appropriate CSC listed in paragraph 2.

2. Central Screening Committee submission locations:

a. Enrollment forms for EFMs who reside east of the Mississippi; in Europe, the Middle East, or Africa or in the Atlantic/Caribbean region are forwarded to

Naval Medical Center
EFMP Central Screening Committee (Code 505A)
620 John Paul Jones Circle, Bldg. 1
Portsmouth, VA 23708-2197

b. Enrollment forms for EFMs who reside west of the Mississippi to include Alaska and Central America are forwarded to

Naval Medical Center
EFMP Central Screening Committee (Code CGH)
34520 Bob Wilson Drive, Suite 100
San Diego, CA 92134-2100

c. Enrollment forms for EFMs who reside in the Pacific basin, Asia, or Hawaii are forwarded to

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U.S. Naval Hospital Yokosuka
EFMP Central Screening Committee, Code 342
PSC 475, Box 1
FPO AP 96350-1600

3. All MTFs, upon identification of a potential EFM through provision of medical care or the suitability screening process, will complete DD 2792 and forward the completed enrollment form to the appropriate CSC.

4. Suitability screening shall continue concurrent with EFM Program enrollment. If suitability screening cannot be completed prior to transfer of the sponsor, the sponsor's command shall notify NAVPERSCOM (PERS-4, PERS-40, appropriate detailee, and PERS-662F) by message and request the orders be held in abeyance pending completion of suitability screening. The message shall indicate whether or not the EFM application has been submitted and the status of the enrollment package.

5. The CSC shall promptly review the EFM enrollment package, recommend or non-concur with enrollment, assign a category code and forward the package to NAVPERSCOM (PERS-662F) for final action. Category codes are defined as follows:

a. Category I: An EFM whose medical, psychological, or educational condition requires monitoring by NAVPERSCOM (PERS-662F) but does not preclude the sponsor's assignment to overseas/isolated duty stations, require assignment near a major MTF, or dictate homesteading.

b. Category II: An EFM whose medical, psychological health/special educational condition requires special placement in compatible geographic areas, pinpointing assignments in CONUS or OCONUS.

c. Category III: An EFM who will not normally qualify for an accompanied overseas assignment. The medical, psychological/special educational condition precludes the assignment of the sponsor's family members to overseas locations based on nonavailability of medical, psychological/special educational services.

d. Category IV: An EFM who requires a sponsor assignment near a major medical area (either military or civilian) in CONUS.

e. Category V: An EFM who requires a sponsor homestead assignment. These EFMs are considered by the CSC to be severely disabled. A homestead assignment enables long term retention of the sponsor by creating a stable environment for the EFM due to the availability of required medical, psychological/special educational services. A homestead assignment will not preclude the requirement for sea/shore rotation of the sponsor, nor will it interfere in the assignment of a sponsor-elected unaccompanied or sponsor-elected geographical bachelor assignment, provided the needs of the EFM are addressed and the sponsor counseled.

f. Category VI: An EFM who requires the sponsor to enroll temporarily for a period of 6 months but no more than 1 year while treatment or diagnostic assessments are ongoing. Servicemember will submit an updated enrollment form at the end of that time.

6. NAVPERSCOM (PERS-662F) will review each enrollment form and exercise final approval authority based on recommendations of medical, educational and other experts. For those approved EFM enrollees, NAVPERSCOM (PERS-662F) will

a. identify EFM sponsors and categories of enrollment and report them to officer and enlisted detailers.

b. maintain current EFM files and an EFM database.

c. coordinate with detailers, BUMED, DOD staff, and other military departments for effective program execution.

d. coordinate with Federal and State agencies regarding special programs, services and facilities to assist military families.

e. ensure availability of required EFM services in United States Army and United States Air Force areas of responsibility.

f. provide resource information to sponsors and commands upon request.

g. annotate the sponsor's detailing record to reflect a family member's enrollment.

h. monitor assignment of all EFM program enrollees.

7. Officer and enlisted detailers will work with Navy members to develop a career path that permits normal sea/shore rotation. While it might not always be possible, every conceivable attempt will be made to meet career and special family needs.

8. Further program guidance and general information can be obtained by contacting NAVPERSCOM (PERS-662F) at the following address and phone numbers:

Navy Personnel Command (PERS-662F)
EFM Program Manager
5720 Integrity Drive
Millington, TN 38055-6620
Comm (901) 874-4391/DSN 882, Toll Free: 1-800-527-8830

INSTRUCTIONS FOR ENROLLMENT IN THE EFM PROGRAM

EFM Program enrollment is mandatory per SECNAVINST 1754.5A. The program aids detailers and monitors in assigning servicemembers to areas where their family members' special medical, mental health, or educational needs special needs can be met. For additional information, review chapter 4 of the Officer and Enlisted Transfer Manuals or contact the medical EFM Coordinator or your command point of contact.

GENERAL ENROLLMENT GUIDELINES

1. To qualify for this program, family members must be enrolled in Defense Enrollment Eligibility Reporting System (DEERS) and residing with the sponsor. Exceptions include those in full-time education, incarcerated, court ordered custody change, or geographical bachelors.
2. The family member must have a chronic (6 months or longer) medical, psychological or special education problem, or physical/educational disability requiring long term care and monitoring.
3. DD 2792, Exceptional Family Member Medical and Educational Summary, is completed by sponsor/spouse.
4. Functional Medical Summary is completed by the family member's military or civilian physician.
5. Special Education Addendum shall be completed on all school age children by
 - a. an early intervention services provider (attach current Individual Family Support Plan (IFSP)).
 - b. a school official when special education exceeds 20 percent of school time or when the IEP indicates occupational/physical therapy, speech/language, audiology or psychological services are required (attach current IEP).
6. Special Education endorsement shall be completed for all children, ages 3-21.

7. DD 2792 (Categories 1 through 5) must be updated every 3 years, as EFM conditions change, as a new family member is identified, or a family member is being considered for disenrollment. For Category 6, DD 2792 shall be updated every 6-12 months. Sponsor must retain a copy of DD 2792 for update requirements.

8. Give completed DD 2792 to EFM Coordinator or forward directly to the appropriate CSC.

9. For questions or inquiries, please contact

Navy Personnel Command (PERS-662F)
Exceptional Family Member Program
5720 Integrity Drive
Millington, TN 38055-6620
Comm (901) 874-4391/DSN 882 Fax 2629

Headquarters United States Marine Corps
Manpower and Reserve Affairs (MMIA)
Exceptional Family Member Program
3280 Russell Road
Quantico, VA 22134-5103
Comm (703) 784-9654/DSN 278, Fax 9820

**INSTRUCTIONS FOR COMPLETING DD FORM 2792,
EXCEPTIONAL FAMILY MEMBER
MEDICAL AND EDUCATIONAL SUMMARY**

GENERAL.

The DD Form 2792 and attached addenda are completed to identify a family member with special medical or educational needs. Section I is completed by the sponsor or spouse and the medical provider or EFM Screening Coordinator. The addenda are completed only if noted in Item 9. The EFM Screening Coordinator and sponsor sign Items 10a and 10b only after all addenda have been completed and the form reviewed for completeness and accuracy.

Section I, Items 1 - 8 *(Completed by Sponsor or Spouse)*

Item 1a. Application Status *(X one)*.
Initial Screening - First Exceptional Family Member (EFM) application for the family member noted, or
Updated Information - Update to a previous EFM evaluation for the family member noted.

Item 1b. Family Status. Additional Family Member - X if there is another family member who has been identified as an EFM.

Items 2a. - e. All items refer to sponsor.
Self-explanatory.

Item 3. Answer Yes if the sponsor were assigned to current duty station for humanitarian or compassionate reasons, e.g., to ensure that a family member receives health care at a major medical treatment facility.
Enter No if the sponsor is not currently assigned for humanitarian reasons.

Item 4. Answer Yes if both spouses are on active duty; otherwise answer No. If Yes, complete Items 4a. - c.

Items 4a. - c. Self-explanatory.

Item 5a. Exceptional family member name. Enter name for the family member for whom this form will be completed.

Item 5b. Relationship to sponsor. (Son, daughter, spouse, etc.)

Item 5c. Date of birth. Self-explanatory.

Item 6. Primary health care system. Military treatment facility - services provided by a uniformed or civilian provider at the military treatment facility. TRICARE/Non-MTF - if the provider is a civilian contract provider who provides services under one of the TRICARE options. State - if the services are provided under Medicaid or another state program. Other - if the sponsor is civilian.

Item 7. DEERS enrollment. Military only.
Self-explanatory.

Item 8. Self-explanatory.

Item 9. Required addenda. *(Completed by provider and/or Screening Coordinator.)* Mark (X) those addenda that require completion based on a review of medical records and/or screening of a family member.

Item 10a. Sponsor name, signature, date. **Sponsor must ensure that all forms are complete and attached before signing.**

Item 10b. EFM Screening Coordinator name, signature, date. **Coordinator must ensure that all forms are complete and attached before signing.**

INSTRUCTIONS FOR COMPLETING DD FORM 2792 ADDENDA

ADDENDUM A - MEDICAL SUMMARY.

Complete this addendum if indicated in Item 9a. **Sponsor must sign release authorization before this addendum is completed** (Items 2a. - c.).

Items 1a. - c. Provider name, address, telephone number. Self-explanatory.

Items 2a. - c. Sponsor/spouse authorization. Self-explanatory. **Must be completed and signed before addenda are completed by providers.**

Item 3a. Diagnoses. Enter the diagnosis(es), one per line.

Item 3b. Severity. Enter severity of the diagnosis(es).

Item 3c. ICD or DSM. Enter ICD-9-CM or DSM IV designations.

Item 3d. Medications and therapies. Self-explanatory.

Item 3e. Enter the number of visits, hospitalizations, etc., for the last 6 months.

Items 4 - 9. Self-explanatory.

Item 10. Comments. Enter any additional information to describe this individual's medical needs.

Item 11. (1) Minimum health care specialty. Indicate with an X those specialists required by the patient.
(2) Frequency of care. Enter A - Annually; B - Biannually; Q - Quarterly; M - Monthly; or W - Weekly for each specialist indicated.

Item 12. Name and signature of the provider completing this addendum, and date addendum was signed.

ADDENDUM A-1 - ASTHMA/REACTIVE AIRWAY DISEASE SUMMARY.

This addendum is completed only if indicated by the Screening Coordinator in Item 9.

Items 1a. - c. Self-explanatory.

Items 2a.- c. Self-explanatory.

Items 3a.- e. Self-explanatory.

Items 4 - 6. Self-explanatory.

ADDENDUM A-2 - MENTAL HEALTH SUMMARY.

This addendum is completed only if indicated by the Screening Coordinator in Item 9a.

Items 1a.-c. Self-explanatory.

Items 2a.-c. - 5a.-b. Self-explanatory.

Item 6. Cooperation. Describe patient (guardian if a minor) cooperation with treatment.

Items 7 - 8. Self-explanatory.

Item 9. Comments. Include any additional information that would assist in determining necessary treatment.

ADDENDUM B - SPECIAL EDUCATION/EARLY INTERVENTION SUMMARY

This addendum is completed if indicated by the Screening Coordinator in Item 9. The form is completed by school or early intervention staff. **Only this educational addendum should be provided to school or early intervention staff. Do not include medical summary or addenda.**

Item 1a. Release of information. Sponsor name. Self-explanatory. Completed by sponsor or spouse.

Item 1b. Sponsor SSN. Enter the sponsor's social security number.

Item 1c. Sponsor/Spouse signature. Self-explanatory. **Sign and date before providing form to school or early intervention program.**

Item 1d. Date signed. Self-explanatory.

Items 2a.-e. Child information. Self-explanatory. Completed by sponsor or spouse.

Items 3a.-e. EIP/School information. Completed by EIP or school personnel. Mark (X) Yes or No for each item. **If Yes is marked in any Item 3a.-d., remainder of form must be completed.**

Items 4a.-b. Eligibility criteria. Mark only one.

Item 5. Severity. Mark only one.

Item 6. Provider/school official information. Self-explanatory.

EXCEPTIONAL FAMILY MEMBER MEDICAL AND EDUCATIONAL SUMMARY <i>(To be completed by service member or civilian employee)</i> <i>(Read Instructions before completing this form.)</i>		<i>Form Approved</i> OMB No. 0704-0411 <i>Expires Feb 28, 2003</i>	
The public reporting burden for this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0411) 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.			
PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.			
PRIVACY ACT STATEMENT			
AUTHORITY: 10 USC 3013, 5013, and 8013; 20 USC 921 - 932; and 1400 et seq.; DoD Instruction 1342.12, <i>(Provision of Early Intervention and Special Education to Eligible DoD Dependents in Overseas Areas)</i> , March 12, 1996; DoD Instruction 1010.13 <i>(Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DoD Dependents Schools Outside of the United States)</i> , August 28, 1986; EO 9397.			
PRINCIPAL PURPOSE(S): Information will only be used by personnel of the Military Departments to evaluate and document the medical and/or special educational needs of family members. This information will enable: (1) Military assignment personnel to match the needs of family members against the availability of special education and medical services; and (2) Civilian personnel offices to determine the availability of special education and medical services to meet the needs of dependent children and the medical needs of family members of DoD and Military Department civilian employees.			
ROUTINE USE(S): None.			
DISCLOSURE: Voluntary; however, failure to respond will preclude: (1) Military Services from enrolling service members in the EFMP. A service member's refusal to provide information may preclude successful processing of an application for family travel/command sponsorship; and (2) Civilian personnel offices from performing required aspects of processing of DoD or Military Department civilian employees with family members with special needs. A civilian employee's refusal to provide information may result in employment in a location that lacks required special education or medical services.			
1a. APPLICATION STATUS <i>(X one)</i>		b. FAMILY STATUS	
<input type="checkbox"/> INITIAL SCREENING	<input type="checkbox"/> UPDATED INFORMATION	<input type="checkbox"/> ADDITIONAL FAMILY MEMBER HAS BEEN IDENTIFIED	
SECTION I - IDENTIFICATION			
2.a. SPONSOR NAME <i>(Last, First, Middle Initial)</i>		b. SSN	c. RANK OR GRADE
d. BRANCH OF SERVICE <i>(Military only)</i>		e. DESIG/NEC/MOS/AFSC <i>(Military only)</i>	
f. HOME ADDRESS <i>(Street, Apartment Number, City, State, ZIP Code)</i>		g. DUTY STATION ADDRESS	
h. HOME TELEPHONE NUMBER <i>(Include Area Code)</i>		i. DUTY TELEPHONE NUMBER <i>(Include Area Code)</i> (1) COMMERCIAL (2) DSN	
3. ARE YOU CURRENTLY ON HUMANITARIAN ASSIGNMENT? <i>(Military only) (X one)</i>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. ARE BOTH SPOUSES ON ACTIVE DUTY? <i>(X one)</i>		<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
<i>(If Yes:)</i> a. SPOUSE'S NAME <i>(Last, First, Middle Initial)</i>		b. RANK/RATE	c. SSN
5.a. EXCEPTIONAL FAMILY MEMBER NAME <i>(Last, First, Middle Initial)</i>		b. RELATIONSHIP TO SPONSOR	c. DATE OF BIRTH <i>(YYYYMMDD)</i>
6. PRIMARY HEALTH CARE SYSTEM USED BY FM <i>(X one)</i>		7. IS FAMILY MEMBER ENROLLED IN DEERS <i>(Military only) (X one)</i>	
<input type="checkbox"/> MILITARY TREATMENT FACILITY	<input type="checkbox"/> STATE	<input type="checkbox"/> YES IF YES, UNDER WHAT SSN: _____	
<input type="checkbox"/> TRICARE/NON-MTF	<input type="checkbox"/> OTHER	<input type="checkbox"/> NO FAMILY MEMBER PREFIX _____	

DD FORM 2792, MAR 2000

REPLACES DD FORM 2792 TEST, NAVPERS FORM 1754, AF FORM 1466-A, AND DA FORMS 5291-R AND 5862-R, WHICH ARE OBSOLETE.

OPNAVINST 1754.2B
16 June 2003

PATIENT NAME		SPONSOR SSN	FAMILY MEMBER PREFIX
8. DOES FAMILY MEMBER RESIDE WITH SPONSOR (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO. IF NO, PROVIDE ADDRESS OF FAMILY MEMBER (Include ZIP Code) AND EXPLAIN WHY.			
9. REQUIRED ADDENDA a. REQUIRED ADDENDA (X as necessary) <input type="checkbox"/> ADDENDUM A - MEDICAL SUMMARY <input type="checkbox"/> ADDENDUM A-1 - ASTHMA/REACTIVE AIRWAY DISEASE SUMMARY <input type="checkbox"/> ADDENDUM A-2 - MENTAL HEALTH SUMMARY <input type="checkbox"/> ADDENDUM B - EARLY INTERVENTION/SPECIAL EDUCATION SUMMARY. (Most recent IEP or IFSP must be attached if the child requires special services.)			
10. CERTIFICATION We certify that the information submitted on the EFM Medical and Educational Summary form and the addenda checked above are complete and accurate.			
a. SPONSOR			
(1) PRINTED NAME	(2) SIGNATURE	(3) DATE (YYYYMMDD)	
b. EFM SCREENING COORDINATOR			
(1) PRINTED NAME	(2) SIGNATURE	(3) DATE (YYYYMMDD)	
(4) MILITARY TREATMENT FACILITY ADDRESS (Include ZIP Code)		(5) TELEPHONE NUMBER (Include area code)	

DD FORM 2792 (BACK), MAR 2000

ADDENDUM A - MEDICAL SUMMARY			
PATIENT NAME		SPONSOR SSN	FAMILY MEMBER PREFIX
PART A - RELEASE AUTHORIZATION <i>(To be completed by service member/spouse/civilian employee)</i>			
1a. PROVIDER NAME		b. ADDRESS <i>(Include ZIP Code)</i>	
c. TELEPHONE NUMBER <i>(Include Area Code)</i> (1) COMMERCIAL (2) DSN			
2. SPONSOR/SPOUSE AUTHORIZATION			
<small>I hereby authorize the above named provider or his or her agent to release information in this Medical and Educational Summary for the family member named below to Exceptional Family Member Program and related officials. I understand the information will only be used for the purpose of evaluating and determining necessary health-related services for</small>			
<small>(Name of Family Member) _____ (Relationship to Sponsor) _____</small>			
a. PRINTED NAME <i>(Last, First, Middle Initial)</i>		b. SIGNATURE	c. DATE <i>(YYYYMMDD)</i>
PART B <i>(To be completed by provider)</i>			
2. DIAGNOSIS/ES <small>Please complete as accurately as possible using ICD-9-CM or DSM-IV.</small>			
<small>COMPLETE - YES</small>			
<small>THE LAST 3 MONTHS</small>			
(1) NUMBER OF OUTPATIENT VISITS		A. SEVERITY	
(2) NUMBER OF ER VISITS		A - MILD	
(3) NUMBER OF HOSPITALIZATIONS		B - MODERATE	
(4) NUMBER OF ICU ADMISSIONS		C - SEVERE	
(1) NUMBER OF OUTPATIENT VISITS		ICD-9-CM	
(2) NUMBER OF ER VISITS		DSM	
(3) NUMBER OF HOSPITALIZATIONS		MEDICATION	
(4) NUMBER OF ICU ADMISSIONS		SPECIAL THERAPY	
(1) NUMBER OF OUTPATIENT VISITS			
(2) NUMBER OF ER VISITS			
(3) NUMBER OF HOSPITALIZATIONS			
(4) NUMBER OF ICU ADMISSIONS			
(1) NUMBER OF OUTPATIENT VISITS			
(2) NUMBER OF ER VISITS			
(3) NUMBER OF HOSPITALIZATIONS			
(4) NUMBER OF ICU ADMISSIONS			
4. PROGNOSIS <i>(Include expected length of treatment; required participation of family members, and if treatment is ongoing).</i>			
5. TREATMENT PLAN <i>(Medical, mental health, surgical procedures or therapies planned over the next three years)</i>			
6. ARTIFICIAL OPENINGS/PROSTHETICS <i>(e.g., gastrostomy, tracheostomy, VP shunts, artificial limbs)</i>			
YES IF YES, SPECIFY: _____			
NO			

ADDENDUM A - MEDICAL SUMMARY (Continued)		
PATIENT NAME	SPONSOR SSN	FAMILY MEMBER PREFIX
7. HISTORY OF CANCER OR LEUKEMIA <input type="checkbox"/> YES IF YES, SPECIFY PROJECTED TREATMENT NEEDS: <input type="checkbox"/> NO		
8. ENVIRONMENTAL/ARCHITECTURAL CONSIDERATIONS (e.g., limited steps, complete wheelchair accessibility, air conditioning) <input type="checkbox"/> YES IF YES, SPECIFY: <input type="checkbox"/> NO		
9. ADAPTIVE EQUIPMENT/SPECIAL MEDICAL EQUIPMENT (X as applicable)		
<input type="checkbox"/> APNEA HOME MONITOR <input type="checkbox"/> HOME NEBULIZER <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> SPLINTS, BRACES, ORTHOTICS <input type="checkbox"/> HEARING AIDS <input type="checkbox"/> HOME OXYGEN THERAPY <input type="checkbox"/> HOME VENTILATOR	<input type="checkbox"/> OTHER (Specify)	
10. COMMENTS (Enter additional information to describe this individual's medical needs.)		

ADDENDUM A - MEDICAL SUMMARY (Continued)			
PATIENT NAME		SPONSOR SSN	FAMILY MEMBER PREFIX
PART C (To be completed by provider)			
11. MINIMUM HEALTH CARE SPECIALTY REQUIRED FOR CARE			
(1) CARE PROVIDER <small>(X as appropriate) (Specify if pediatrics sub-specialist)</small>	(2) FREQUENCY*	(1) CARE PROVIDER <small>(X as appropriate) (Specify if pediatrics sub-specialist)</small>	(2) FREQUENCY*
a. ALLERGIST		dd. PEDIATRICIAN	
b. AUDIOLOGIST		ee. PEDODONTIST	
c. CARDIOLOGIST		ff. PHYSIATRIST	
d. CARDIOLOGIST - PEDIATRIC		gg. PHYSICAL THERAPIST	
e. DERMATOLOGIST		hh. PHYSICAL THERAPIST/PEDIATRIC	
f. DEVELOPMENTAL PEDIATRICIAN		ii. PODIATRIST	
g. DIALYSIS TEAM		jj. PSYCHIATRIST	
h. DIETARY/NUTRITION SPECIALIST		kk. PSYCHIATRIST/CHILD	
i. ENDOCRINOLOGIST		ll. PSYCHOLOGIST	
j. FAMILY PRACTITIONER		mm. PSYCHOLOGIST/CHILD	
k. GASTROENTEROLOGIST		nn. PULMONOLOGIST	
l. GENERAL MEDICAL OFFICER		oo. RESPIRATORY THERAPIST	
m. GYNECOLOGIST		pp. RHEUMATOLOGIST	
n. HEMATOLOGIST/ONCOLOGIST		qq. RHEUMATOLOGIST/PEDIATRIC	
o. HEMATOLOGIST/ONCOLOGIST/PEDIATRIC		rr. SOCIAL WORKER	
p. IMMUNOLOGIST		ss. SPEECH AND LANGUAGE PATHOLOGIST	
q. INTERNIST		tt. SURGEON - CARDIAC/THORACIC	
r. NEPHROLOGIST		uu. SURGEON - GENERAL	
s. NEPHROLOGIST/PEDIATRIC		vv. SURGEON - NEURO	
t. NEUROLOGIST		ww. SURGEON - ORAL	
u. NEUROLOGIST/PEDIATRIC		xx. SURGEON - ORTHOPEDIC - ADULT	
v. NUCLEAR MEDICAL PHYSICIAN		yy. SURGEON - ORTHOPEDIC - CHILD	
w. OCCUPATIONAL THERAPIST		zz. SURGEON - OTORHINOLARYNGOLOGIST	
x. OCCUPATIONAL THERAPIST/PEDIATRIC		aaa. SURGEON - PEDIATRIC	
y. OPHTHALMOLOGIST		bbb. SURGEON - PLASTIC	
z. OPHTHALMOLOGIST/PEDIATRIC		ccc. TRANSPLANT TEAM	
aa. ORTHODONTIST		ddd. UROLOGIST	
bb. OTORHINOLARYNGOLOGIST		eee. OTHER (Describe)	
cc. PAIN CLINIC			
*INDICATE THE FREQUENCY OF CARE: A - ANNUALLY B - BIANNUALLY Q - QUARTERLY M - MONTHLY W - WEEKLY EXAMPLE:			
X	a. ALLERGIST	Q	X
12.a. PROVIDER NAME		b. SIGNATURE	c. DATE (YYYYMMDD)

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ADDENDUM A -2 - MENTAL HEALTH SUMMARY (To be completed by provider)				
1a. PATIENT NAME		b. SPONSOR SSN		c. FAMILY MEMBER PREFIX
2a. PROVIDER NAME (PCM or specialty provider)		b. SIGNATURE		c. DATE (YYYYMMDD)
3.a. DIAGNOSIS(ES)				b. AGE AT DIAGNOSIS
4. MEDICATION HISTORY				
a. MEDICATION	b. DOSAGE	c. LENGTH OF TIME ON MEDICATION		d. RESPONSE
5. HISTORY OF MENTAL HEALTH HOSPITALIZATIONS				
(1) TYPE OF STAY	(2) DATES		(3) DISCHARGE DIAGNOSES	
a. HOSPITAL STAYS				
b. PARTIAL-DAY HOSPITALIZATIONS				
6. HOW COOPERATIVE IS/WAS PATIENT WITH TREATMENT? (Parent/legal guardian cooperation, if a minor)				
7. TREATMENT NEEDS WITHIN THE NEXT YEAR (Consider increased stressors of residing in new environment (e.g., stressors of family relocation, isolated posts, deployments, foreign cultures, restricted travel, separation from nuclear family, cost of living.)				
NO ASSISTANCE REQUIRED		FEWER THAN 4 CONTACTS		4 OR MORE CONTACTS
				INPATIENT SERVICES
8. HISTORY				
YES	NO	a. HISTORY OF SUICIDAL GESTURES/ATTEMPTS?		
		b. HISTORY OF SUBSTANCE ABUSE/ADDICTIVE BEHAVIORS/EATING DISORDERS?		
		c. HISTORY OF PROBLEMS WITH AUTHORITY FIGURES?		
		d. HISTORY OF PSYCHOTIC EPISODES?		
		e. HISTORY OF FAMILY ADVOCACY PROGRAM INVOLVEMENT? (If Yes and case occurred in last 18 months, include case determination, treatment and follow-up.)		
9. OTHER COMMENTS (Include additional information that would assist in determining necessary treatments.)				

DD FORM 2792 (ADDENDUM A-2), MAR 2000

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ADDENDUM B - SPECIAL EDUCATION/EARLY INTERVENTION SUMMARY																															
NOTE TO PERSONNEL COMPLETING THIS FORM: It is important to the military and to the family that the family be assigned to a location that can meet the child's educational and medical needs. Please take care in completing the requested information. (Attach a copy of the child's most recent active Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) to this page.)																															
1. RELEASE OF INFORMATION (To be completed by military sponsor or sponsor's spouse or civilian employee/spouse) I hereby authorize the release of information on the Summary and in the attached reports to personnel of the Military Departments. This information will only be used to evaluate and document my family member's need for early intervention or special education services for the purpose of assignment/coordination of my next assignment.																															
a. NAME OF SPONSOR		b. SSN	c. SIGNATURE OF SPONSOR OR SPONSOR'S SPOUSE	d. DATE SIGNED (YYYYMMDD)																											
2. DEPENDENT CHILD INFORMATION (To be completed by Military Sponsor or sponsor's spouse or civilian employee/spouse)																															
a. NAME OF CHILD (Last, First, Middle Initial)		b. CURRENT GRADE LEVEL (If school age)	c. DATE OF BIRTH (YYYYMMDD)	d. AGE (Years/months)																											
				e. SEX (X one) MALE FEMALE																											
3. EARLY INTERVENTION PROGRAM (EIP)/SCHOOL INFORMATION (To be completed by representative of EIP or school)																															
YES	NO	a. IS THE CHILD CURRENTLY BEING EVALUATED FOR SPECIAL EDUCATION OR EARLY INTERVENTION SERVICES?																													
		b. DOES THIS CHILD RECEIVE EARLY INTERVENTION SERVICES UNDER A CURRENT INDIVIDUALIZED FAMILY SERVICES PLAN (IFSP)? IF YES, DATE OF NEXT ANNUAL REVIEW																													
		c. DOES THIS CHILD RECEIVE SPECIAL EDUCATION SERVICES UNDER A CURRENT INDIVIDUALIZED EDUCATION PROGRAM (IEP)? IF YES, DATE OF NEXT ANNUAL REVIEW																													
		d. IS THE CHILD RECEIVING SERVICES UNDER A SECTION 504 PLAN?																													
		e. IS THE CHILD BEING "HOME-SCHOOLED"? IF YES, SPECIFY PROGRAM, IF KNOWN.																													
IF YOU ANSWERED "NO" to questions 3.a. through d., DO NOT complete the remainder of this section, but complete Section 6. Sign and return to sponsor.																															
IF YOU ANSWERED "YES" to any of questions 3.a. through d., complete the remainder of this section. Sign and return to sponsor.																															
4. ELIGIBILITY CRITERIA (Indicate the eligibility criteria under which the child is eligible for Early Intervention or Special Education.)																															
a. IF THE CHILD IS FROM 3 TO 21 YEARS OF AGE:																															
<table border="0"><tr><td><input type="checkbox"/> AUTISTIC</td><td><input type="checkbox"/> COMMUNICATION IMPAIRED</td><td><input type="checkbox"/> MENTAL RETARDATION</td></tr><tr><td><input type="checkbox"/> DEAF</td><td><input type="checkbox"/> ARTICULATION</td><td><input type="checkbox"/> MILD/MODERATE</td></tr><tr><td><input type="checkbox"/> BLIND</td><td><input type="checkbox"/> DYSFLUENCY</td><td><input type="checkbox"/> MODERATE/SEVERE</td></tr><tr><td><input type="checkbox"/> DEAF/HUN</td><td><input type="checkbox"/> LANGUAGE/PHONOLOGY</td><td><input type="checkbox"/> SPECIFIC LEARNING DISABILITY</td></tr><tr><td><input type="checkbox"/> VISUALLY IMPAIRED</td><td><input type="checkbox"/> TRAUMATIC BRAIN INJURY</td><td><input type="checkbox"/> EMOTIONALLY IMPAIRED</td></tr><tr><td><input type="checkbox"/> HEARING IMPAIRED</td><td><input type="checkbox"/> ORTHOPEDICALLY IMPAIRED</td><td><input type="checkbox"/> BEHAVIORAL/CONDUCT DISORDER</td></tr><tr><td><input type="checkbox"/> PERMANENT DEVELOPMENTAL DISORDER</td><td></td><td></td></tr><tr><td><input type="checkbox"/> DEVELOPMENTAL DELAY</td><td></td><td></td></tr><tr><td><input type="checkbox"/> OTHER HEALTH IMPAIRED (Specify)</td><td></td><td></td></tr></table>					<input type="checkbox"/> AUTISTIC	<input type="checkbox"/> COMMUNICATION IMPAIRED	<input type="checkbox"/> MENTAL RETARDATION	<input type="checkbox"/> DEAF	<input type="checkbox"/> ARTICULATION	<input type="checkbox"/> MILD/MODERATE	<input type="checkbox"/> BLIND	<input type="checkbox"/> DYSFLUENCY	<input type="checkbox"/> MODERATE/SEVERE	<input type="checkbox"/> DEAF/HUN	<input type="checkbox"/> LANGUAGE/PHONOLOGY	<input type="checkbox"/> SPECIFIC LEARNING DISABILITY	<input type="checkbox"/> VISUALLY IMPAIRED	<input type="checkbox"/> TRAUMATIC BRAIN INJURY	<input type="checkbox"/> EMOTIONALLY IMPAIRED	<input type="checkbox"/> HEARING IMPAIRED	<input type="checkbox"/> ORTHOPEDICALLY IMPAIRED	<input type="checkbox"/> BEHAVIORAL/CONDUCT DISORDER	<input type="checkbox"/> PERMANENT DEVELOPMENTAL DISORDER			<input type="checkbox"/> DEVELOPMENTAL DELAY			<input type="checkbox"/> OTHER HEALTH IMPAIRED (Specify)		
<input type="checkbox"/> AUTISTIC	<input type="checkbox"/> COMMUNICATION IMPAIRED	<input type="checkbox"/> MENTAL RETARDATION																													
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<input type="checkbox"/> PERMANENT DEVELOPMENTAL DISORDER																															
<input type="checkbox"/> DEVELOPMENTAL DELAY																															
<input type="checkbox"/> OTHER HEALTH IMPAIRED (Specify)																															
b. IF THE CHILD IS FROM BIRTH TO 3 YEARS OLD:																															
<input type="checkbox"/> DEVELOPMENTAL DELAY <input type="checkbox"/> HIGH PROBABILITY FOR DEVELOPMENTAL DELAY																															
5. SEVERITY OF THE DISABILITY																															
<input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE <input type="checkbox"/> PROFOUND																															
6. PROVIDER/SCHOOL OFFICIAL INFORMATION																															
a. NAME OF INDIVIDUAL COMPLETING THIS SECTION (Last Name, First Name)		b. TITLE	c. TELEPHONE NUMBER (Include area code)	d. FAX NUMBER (Include area code)																											
e. NAME OF SCHOOL/EARLY INTERVENTION PROGRAM		f. ADDRESS (Include ZIP Code)																													
g. SCHOOL DISTRICT																															
h. SIGNATURE				i. DATE SIGNED (YYYYMMDD)																											

DD FORM 2792 (ADDENDUM B), MAR 2000